

## IMMIGRANT/NON-IMMIGRANT INFORMATION AUTHORIZATION

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of the Bureau of Citizenship and Immigration Services and/or the Department of State. I am furnishing his office with the following information to aid in the inquiry.

(Please furnish as much information as possible pertaining to your request.)

### INFORMATION ABOUT YOU:

ARE YOU THE PETITIONER? YES [ ] NO [ ]

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE AND PLACE OF BIRTH: \_\_\_\_\_

ALIEN REGISTRATION /A#: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE AND PLACE OF NATURALIZATION: \_\_\_\_\_

### INFORMATION ABOUT BENEFICIARY OR FOREIGN VISITOR:

NAME(S) OF BENEFICIARY OR VISITOR: [include relationship to you and their Alien No.]

\_\_\_\_\_  
\_\_\_\_\_

PRESENT ADDRESS OF BENEFICIARY:

\_\_\_\_\_  
\_\_\_\_\_

IS THE PROSPECTIVE IMMIGRANT ALREADY IN THE U.S.? \_\_\_\_\_

### INFORMATION ABOUT FORMS FILED:

THIS APPLICATION IS FOR AN: Non-Immigrant Visa [ ] Immigrant Visa [ ]

TYPE OF APPLICATION FILED (Please include Form(s) filed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE APPLICATION FILED: \_\_\_\_\_

LOCATION OF IMMIGRATION OFFICE, EMBASSY OR CONSULATE WHERE FILED:

\_\_\_\_\_  
\_\_\_\_\_

SERVICE CENTER RECEIPT #: \_\_\_\_\_

DEPARTMENT OF STATE CASE #: \_\_\_\_\_

**Please attach a description of the difficulties that you are experiencing.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Return to: U.S. Senator John Cornyn  
Occidental Tower  
5005 LBJ Freeway, Suite 1150  
Dallas, Texas 75244-6199